Green Social Prescribing Toolkit

2026 Revised Edition

HM Government

THE NATIONAL LOTTERY

SPORT ENGLAND

NHS

National Academy for Social Prescribing

NATURAL ENGLAND

Contents

Introduction

This toolkit is based on lessons learned from the National Cross-Government Green Social Prescribing Programme to Tackle and Prevent Mental Ill-health (hereafter referred to as the "GSP Programme"). The toolkit is designed to guide the development of nature-based social prescribing schemes to support people with health and social needs.

The GSP Programme was supported by the Treasury Shared Outcomes Fund with additional funds from NHS England, Sport England and the National Academy for Social Prescribing (NASP). Seven Integrated Care System areas were funded £5.77 million from April 2021 to 2023 to test embedding green social prescribing into local systems. Additional Treasury funding of £2.8 million was provided for a 1-year extension phase from April 2024 to March 2025, which focused specifically on measuring value for money, collecting data on patient outcomes, and sustainable funding models. The programme objectives and details of programme partners are outlined in more detail here. A map of the seven sites is available here. The 2021-23 evaluation report is available here.

This is the second edition of the toolkit; the first edition was created by NHS England in 2023 on behalf of the Green Social Prescribing cross-governmental partnership, and this version was edited and updated by the National Academy for Social Prescribing on behalf of the partnership in 2026.

Audience and Structure

The target audience of this document is "regional system thinkers" who are interested in developing and expanding Green Social Prescribing in their localities. They might be health and social care professionals, nature-based providers, Local Nature Partnerships, Integrated Care Boards, Commissioners or Local Authorities. The learning comes from the experience of the Programme Managers of the seven Green Social Prescribing testand-learn sites, so it is most applicable to regional strategic thinking. Chapters on co-design, engaging with marginalised groups, and building trusting partnerships between referrers and providers are most relevant for practical delivery, and links to examples and templates are embedded throughout.

The toolkit has three sections which follow the journey of the seven test-and-learn sites through the GSP Programme:

- **Establishing Green Social Prescribing Partnerships**

This section is about how to begin setting up a connected Green Social Prescribing system in your local area. It outlines learning from the start of the GSP Programme, e.g. setting up steering groups, co-designing services with local communities, and building in an equalities lens from the start.

- **Supporting and Connecting Referrers and Providers**

This section focuses on how to create strong referral pathways by building trusting relationships between local referrers and providers.

- **Scaling and Embedding Green Social Prescribing**

This section is informed by later stages of the GSP Programme, focusing on how to embed Green Social Prescribing within health system procedures so that it becomes sustainable and routinely offered. This includes learning around capturing evidence, commissioning and sustaining investment.

Social Prescribing and Green Social Prescribing

Social prescribing is part of the personalised care model, which aims to give people choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths and needs.

Social Prescribing is the process whereby Link Workers (and other trusted professionals in allied roles) connect people to non-medical activities and services in their community to support their health and wellbeing. This begins with a 'what matters to you' conversation with the individual to co-produce a simple personalised care and support plan.

The GSP Programme adopted the NHS definition of Social Prescribing.

The expansion of Social Prescribing beyond the UK led to the agreement in 2023 of an international definition:

> *"a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription – a non-medical prescription, to improve health and well-being and to strengthen community connections".*

Green Social Prescribing (GSP) is social prescribing that connects people to nature-based interventions to improve their mental and physical health. Examples of nature-based interventions include conservation volunteering, walking groups, open water swimming, surfing, community gardening, green gyms, and outdoor arts and cultural activities.

The Three Pillars of Nature-Based Activities

Nature-based interventions range from simple, everyday experiences to structured therapeutic programmes. These different approaches sit on a spectrum, depending on participants' needs.

Nature-based interventions are commonly described across three pillars, which originated in **Bragg and Leck (2017)**[1] and are used in the Horizon Europe Project GreenMe.

1. **Nature in Everyday Life**

   These are informal, low-barrier activities that help people connect with nature to maintain their wellbeing in their daily lives, e.g. walks in the park or gardening on an allotment. These are not the focus of Green Social Prescribing, which is usually a referral to a facilitated activity.

   - Supports general wellbeing, relaxation, and social connection.
   - Self-led or with personal support network

2. **Nature-Based Community Initiatives**

   These are structured, organised activities, but still accessible to many people. They might include regular group walks or community nature-based mindfulness sessions. Green Social Prescribing referrals are often to activities as part of this category.

   - Aimed at improving general health and wellbeing, rather than a specific condition.
   - May be suggested by a link worker or other health professional, as part of a personalised support plan, or may be recommend or self-referred.
   - Usually open-access and drop-in rather than closed groups.

3. **Nature-Based Therapies**

   These are targeted, therapeutic programmes for people with defined health or social needs, e.g. a multi-week therapeutic horticulture programme. They are led by trained facilitators or therapists and may be referred by a health or social care professional via Green Social Prescribing.

   - Supports recovery from mental ill-health, long-term conditions, or social isolation.
   - Often part of a wider care plan to support towards identified recovery goals.

A key learning from the GSP Programme is the importance of providing clear pathways from individuals to 'step-down' from formal *nature-based therapies to nature-based community initiatives*, to continue sustaining their wellbeing through nature and social connection.

The Case for Green Social Prescribing

A survey of GPs carried out in 2018 identified that 2 in 5 consultations (40%) were about mental health concerns[2]. Rates of mental health problems have increased since the COVID-19 pandemic: in 2023, mental health services in England saw a record 5.2 million referrals, marking a 38% increase since 2019, with the number of people engaging with these services continuing to grow beyond service capacity[3]. Recent research commissioned by the NHS Confederation's Mental Health Network indicates that mental illness costs England approximately £300 billion annually, nearly double the NHS budget [4].

Spending time in the natural environment offers significant mental health benefits such as reducing stress, fatigue, anxiety and depression. It can also strengthen the immune system, encourage physical activity and may reduce the risk of chronic diseases[5,6,7]. However, access to nature is not equal. Over 27% of people in England live more than a 15-minute walk from greenspace, with people from minority ethnic backgrounds and those with limiting health conditions reporting less access to nature[8].

The GSP Programme evaluation shows that GSP delivers significant savings by reducing demand on health services and reducing health inequalities. In phase 1, GSP generated a social return of £2.42 for each £1 invested across the 7 sites.

Increasing Physical Activity and Improving Physical Health

GSP can support people to move out of inactivity (defined as less than 30 minutes of moderate-intensity physical activity per week) towards the guideline of 150 minutes/week recommended by the UK Chief Medical Officer. Physical inactivity is associated with 1 in 6 deaths in the UK and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone). There is also a large and well-established evidence base which demonstrates the contribution of sport and physical activity to better mental health and wellbeing[9]. Mind has produced guidance to support physical activity programmes for mental health.

As well as helping to prevent mental ill-health, GSP can be offered in a range of pathways to form part of a treatment or rehabilitation plan to help people manage physical long-term conditions, such as diabetes care and falls prevention. Although the GSP Programme focused on tackling and preventing mental ill health, there was recognition of physical co-benefits, e.g. Humber & North Yorkshire and Greater Manchester captured self-reported improvements in physical health.

The Evolving National Policy Landscape

The national policy landscape in England increasingly recognises the connections between health, wellbeing and nature. A collaborative, cross-government approach is driving the integration of nature-based solutions into health, social care, education, employment and community development. This aligns with efforts to improve preventative health and social care, tackle economic inactivity, and enhance access to nature for physical and mental health and wellbeing.

NHS: Neighbourhood Health
The NHS 10-year plan includes key shifts from treatment to prevention and from hospital to community-based health and social care, with a focus on expanding primary care and community services. The Neighbourhood Health model it proposes has the potential to integrate nature-based interventions within local social prescribing and wider personalised care, by:

- Utilising outdoor spaces in new neighbourhood health centres for consultations and activities.
- Increasing access to green spaces (e.g. parks, gardens) for physical activity, mental health support, and social connection through expanding social prescribing offers.

DEFRA: Environmental Improvement Plan
In 2025, DEFRA published a refreshed Environmental Improvement Plan which includes commitment 91, “Increase people’s time spent in nature for physical activity and nature-based activities to support both physical and mental health”, with stated actions to:

- Publish the evaluation report of phase 2 of the GSP Programme, building on findings from the previous evaluation and deepening understanding of value for money, data tracking through the GSP pathway, and explore sustainable funding options.
- Establish a metric on the number of people accessing green or blue space for nature-based activity specifically to improve health by March 2026, helping to track the impact of Green Social Prescribing.

Section One: Establishing Green Social Prescribing Partnerships

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Section One: Establishing Green Social Prescribing Partnerships

This section provides guidance on where to start in setting up a GSP system in your local area. It explains some of the guiding principles which have underpinned the development of the national GSP programme.

Building a Green Social Prescribing Coalition and Vision

To create system change, it is important that everyone involved or affected is fully engaged from the outset. It is helpful to set out a vision for GSP locally as a broad coalition of partners, including communities, health and care providers, green providers, landowners, local authorities, and lived experience representatives. Many different organisations will have responsibilities in a complex programme like GSP, and it is important for the health and environmental sectors to share leadership, decision-making power, and development of local strategy around GSP.

What we have learnt

- **Where leadership sits can affect engagement** and is best determined according to local circumstances. Advantages were found in the GSP Programme from embedding leadership in the health system and in Councils for Voluntary Services (CVSs).

Nottingham and Nottinghamshire ICS chose the local Council for Voluntary Services (CVS) to host and deliver the green social prescribing programme. Nottingham CVS brought together a cross-sector partnership to provide strategic leadership. Their close connections into the voluntary sector, expertise around volunteering and championship of the community sector helped to influence and build relationships across the system and increased understanding between the health and community sectors.

Derby and Derbyshire ICS had three small voluntary sector green providers working together to deliver the programme management function. The ICS felt that this was an active endorsement of the green sector which would increase engagement and credibility. They have developed a strong network of green providers within their ICS VCFSE Alliance. However, it has been challenging for the project team to influence necessary change in the system at a strategic level.

In **South Yorkshire**, responsibility for the GSP programme was held by the ICS Prevention Programme Manager, who also held a key role in developing their ICS VCFSE Alliance and partnership working between health and the voluntary sector. By contrast, she had the opportunity to make the right strategic connections to ensure that GSP is aligned to relevant strategies and initiatives. The South Yorkshire programme then worked through the Sheffield and Rotherham Wildlife Trust to build wider relationships with the environmental sector.

- **Test and learn sites valued working with existing networks**, such as Active Partnerships, Local Nature Partnerships, and community-led networks which represent the interests of local communities. Working through existing networks can increase the reach of GSP and bring additional expertise and resource to support it.

In the **Bristol, North Somerset and South Gloucestershire** (BNSSG) site, there was a very active Local Nature Partnership (the West of England Nature Partnership) which was well positioned to set out their plans for GSP and secure the pilot funding. However, there was some initial concern raised by environmental sector partners that the requirement to work with health partners could replicate previous imbalances in power and decision-making. Raising and addressing these concerns openly, together led, over time, to a strong and resilient partnership genuinely focused on the shared aim of embedding easy and equitable access to GSP for people who most need it.

BNSSG also formed a strong alliance with their active partnership, WESPORT. This arose from their shared objectives to invest in the VCFSE sector, support social prescribing and address health inequalities. They aligned their respective funding streams and grant-making processes to ensure that investment flowed to where it was most needed and would have the greatest impact for local people.

Nottingham and Nottinghamshire's GreenSpace project invited the Nottingham Open Spaces Forum (NOSF) to be involved from bid development stage and to sit on the programme's Strategic Project Team. NOSF provide a valuable link into a network of green and nature-based providers and spaces in the city.

Actions to consider:

- **Co-design a map of your local system:** Identify different community representatives and organisations to involve in designing, developing and delivering green social prescribing. E.g. green providers who might deliver GSP activities, landowners who might provide the space for activities, and people who might refer to or use GSP services. Bringing in expertise from different members at different stages helps to ensure diverse thinking.

> **Bristol, North Somerset and South Gloucestershire (BNSSG) Stakeholder Mapping:** The BNSSG team carried out a mapping exercise to identify all their stakeholders, grouped them by theme and plotted them onto a stakeholder matrix that showed their level of importance to the project and how much influence each stakeholder might have on the project. This ensured inclusion of all the relevant stakeholders and led to a strategy for building relationships with them. A stakeholder mapping template can be found here and stakeholder influence template here.

> **Nottingham and Nottinghamshire GreenSpace System Map:** The GreenSpace team developed a 'System Map' as the start of their ambition to build a green web of connectivity. The Map identified everyone that would or could have an interest in, or contribute to, green social prescribing. This ensured that they engaged widely and beyond those that usually engage. A copy of Nottingham's system map can be found here.

- **Offer a range of opportunities for people to get involved in planning**, for example:
  - Formal events like information days, consultation events, focus groups.
  - Informal engagement like green activity taster events and open days.

> Early in the **Derbyshire** GreenSPring project, the leadership group developed a set of slides about green social prescribing and their local ambitions and plans, which were used at a range of local forums to raise awareness, gauge interest and build stakeholder engagement. Their slides can be viewed here.

- **Engage with people with lived experience throughout the programme** to ensure GSP is designed to overcome barriers for them.
  - Identify where more power can be given to people with less of a voice.
  - Put structural measures in place to support people with lived experience to have ownership at all stages.
  - Offer a range of different ways they can be involved.
  - Ensure that participation is a positive and useful experience, with financial compensation if possible.

- **It is useful to form a steering group** to maintain the momentum behind GSP schemes and accountability for their development. Ensure steering groups have representation from:
  - the VCFSE green sector, green providers and landowners
  - wider VCFSE organisations
  - the health sector at strategic and operational management levels, e.g commissioners, community mental health team leads, Social Prescribing Link Workers, GPs and Public Health.

The **Humber and North Yorkshire** (HNY) site developed a steering group early on and agreed a set of terms of reference, membership and roles and responsibilities for members. This provided clarity about the aims and objectives of the group and the responsibility of members in driving GSP forward. The HNY example can be viewed here.

Nottinghamshire established a strategic project team and an operational project team to ensure that learning from the operational implementation of GSP was fed back to and influenced strategic developments and systems change. You can view Nottingham's team structure and membership list here.

The **Greater Manchester** Nature for Health Steering Group brought together core partners including NHS, the Greater Manchester Combined Authority (GMCA), local authorities, Natural England, and organisations within the Voluntary, Community, and Social Enterprise (VCFSE) sector. This collaborative model ensured the programme's integration with broader regional strategies from the beginning.

- **Set clear governance structures:** Define clear roles, responsibilities, Terms of Reference (ToR), membership, and clear lines of accountability and reporting (e.g., to the ICB).
- **Nominate a Senior Responsible Officer (SRO):** It is useful to identify someone who holds a leadership role in the Integrated Care System (ICS) to champion GSP and look for opportunities to fund and deliver GSP in local systems.

The Nottingham and Nottinghamshire GreenSpace Strategic Project Team reported into the ICS Personalised Care Board, connecting green social prescribing directly into the strategic and operational leadership of social prescribing. With the move of the Personalised Care Team into Quality Service Transformation in the ICS, this further helped to embed learning around green social prescribing within wider social prescribing.

- **Develop a shared vision and plan for the partnership:**
  - Agree on a shared definition of Green Social Prescribing. The programme-wide definition for GSP is available here.
  - Build consensus about what will be achieved, how, and over what timeframes, to create a sense of common purpose.
  - Embed a system level understanding of GSP, which shows clear changes for communities and the system itself.

Green Social Prescribing Vision Statements: All sites developed a vision for their green social prescribing programme and a Theory of Change, to build consensus around the aims and ambitions for the programmes and align funder requirements with local priorities. You can view the Humber and North Yorkshire and Derby and Derbyshire vision statements here.

Building a Shared Definition of Green Social Prescribing: To develop their definition of green and blue social prescribing, the South Yorkshire site ran a virtual consensus-building workshop with stakeholders. There was a lot of debate about what constitutes green and blue social prescribing and about the terminology used. They used a jamboard to identify the key components of green and blue social prescribing, tested several definitions and adopted an agreed definition. See the insights from this workshop here.

- **Build a Theory of Change** to show what changes the partnership is aiming for, across people, the system, and the environment. The 2021-23 evaluation report provides more detailed information about the development of the theories of change for the GSP programme and should be read as a complimentary document. See information on how to build a Theory of Change and templates.

Co-designing Green Social Prescribing

The principle of co-design underpinned every aspect of the GSP programme. Ensuring that people from all areas of the GSP system are involved in designing the programme is essential to ensure it addresses the barriers that people might face in accessing nature-based activities. Co-design increases the confidence of the GSP team that services will be used by the people that they are aimed at and meet their needs.

Actions to consider:

- **Critical to success is bringing together diverse perspectives:** Ensure active involvement in designing GSP services from green sector providers, social prescribing teams, diverse local communities, and people with lived experience of conditions the service will target.

> **Nottingham and Nottinghamshire** used a co-design approach with green providers and Social Prescribing Link Workers to develop mental health levels. This was an effective way to create relationships and buy-in from both referrers and providers.

> **Bristol, North Somerset and South Gloucestershire** hosted a range of community engagement events which led to providers meeting one another and forging collaborative partnerships, such as the Nordic Walking for Wellbeing Project.

- **Provide continuous opportunities for co-design** throughout the programme, not only at the beginning. Service reviews and expansions present good co-design opportunities.
- **Clearly define co-design outcomes:** The more concrete the outcomes, the easier it will be to demonstrate how you have applied the insights participants shared.
- **Work with grassroots community groups and trusted community leaders** to ensure engagement with local communities.

> **Surrey Heartlands** offered an online survey for residents to complete and a series of place-based engagement events, working in partnership with trusted community organisations and VCFSE infrastructure organisations. This ensured that a wide and diverse range of communities and organisations were involved.
>
> Surrey Heartlands also co-designed a small hospital garden, in partnership with Surrey and Borders Mental Health Trust, with children and young people from their Child and Adolescent Mental Health Service, and produced this guidance for similar projects.

- Make engagement accessible: Schedule engagement activities at varied times, including evenings and weekends. Provide information in multiple formats and languages.
- Partner with co-design experts to facilitate inclusive co-design workshops that represent all sectors of the community.

> **South Yorkshire** took a 'place-based' approach and commissioned their local wildlife trust, Sheffield and Rotherham Wildlife Trust, to facilitate co-design in each of the localities within their Integrated Care System. They did this with local people, experts with lived experience of mental ill-health and inequality in access to health services, green providers and health and social care services. Their work is featured as an example of good practice within the NHS England Statutory Guidance to Integrated Care Systems: Working in Partnership with People and Communities.

Further resources

See our film about co-design in the South Yorkshire GSP project'.
Further information and practical tools around 'co-production' in the NHS can be found here.

The Point of Care Foundation has developed an experience-based co-design toolkit which can be found here.

For a general overview of the importance of co-design in public services and a range of techniques, see the Design Council's Framework for Innovation: Evolved Double Diamond.

Reaching and engaging diverse and marginalised communities

The aim of Green Social Prescribing is to enable everyone, regardless of circumstances, to access the health benefits of nature. Many groups face multiple, overlapping barriers to accessing nature-based interventions. Understanding these challenges is essential and taking action to address them is key to ensuring inequalities do not deepen and to building a sustainable, innovative community-led system. Inclusive practice is a shared responsibility across the whole system, not held solely by individual green providers.

South Yorkshire carried out in-depth stakeholder engagement within the local community to co-design its GSP programme. Doncaster Council's Diversity and Inclusion Officer helped to make introductions to Community Champions at an Ethnic Minorities Partnership Meeting, including a group called Changing Lives which works with ethnic minority women and became a key partner for the test and learn site. Changing Lives fed back valuable insights about how GSP could be more inclusive, e.g. that childcare must be provided to allow the women to engage, and that they felt safer accessing greenspace in groups.

Changing Lives also enabled "word of mouth" sharing of GSP within ethnic minority communities, who fed back that they would find it hard to attend appointments with Social Prescribing Link Workers. As a result of this feedback, the Doncaster Social Prescribing Manager agreed to go to Changing Lives in central Doncaster. The established trust among the women and helped SPLWs to establish relationships.

South Yorkshire realised that early engagement with groups such as Changing Lives was critical to ensure their voices were fed in at the earliest opportunity in planning. Moreover, in-person meetings were crucial to building relationships; emails were not always helpful. Meetings were held after work or at the weekend, in a location easiest for community groups. Building trust required spending time getting to know people and being consistently available and engaged. This led to stronger and more sustainable partnerships, which gave individuals and groups greater ownership of how GSP was delivered so that it would be easier for them to access.

Actions to consider:

- **Actively target populations facing health inequalities by adapting GSP to different health pathways** (e.g., maternity, diabetes) based on local public health priorities.
- **Address physical barriers to service uptake at the outset.** E.g., try to deliver services near target communities and public transport links; consider accessible footpaths and toilet access.
- **Identify and try to mitigate social/cultural barriers.** These include access to information which affects who hears about GSP activities. For different communities, there may also be a lack of shared terminology: it is important to understand different ways in which the benefits of nature and wellbeing might be conceptualised by different ethnic groups, ideally by having these communities represented in project leadership.
- **Delivery models might need to adapt to different cultural needs**, e.g. delivering single gender sessions can create important safe spaces.
- **Ensure GSP information is accessible in multiple languages**, and use plain English, without jargon or acronyms, to accommodate different levels of language proficiency.
- **It is good practice to make equality objectives and accessibility statements clearly available to service users**. This could be accompanied by a statement around the steps being taken to ensure equality and accessibility.
- **Support measures to increase participants' confidence in attending NBIs** e.g. 1-1 pre-meets, drop-in sessions, 'nature buddies' volunteers, and pre-visit walkthrough video recordings to show participants what to expect.
- **Ensure that inclusive recruitment, retention, and progression practice are adopted** across the GSP system to build a workforce that represents the diverse communities it serves. Proactively support diversity within the green provider sector, e.g. offering funded training opportunities for people from marginalised communities, and clear pathways to employment for GSP participants. This requires openness to change at all levels of organisations.
- **GSP networks can build inclusive practice by building inclusion into their terms of reference and creating charters for inclusive meetings** e.g., ensuring meeting attendees are asked about accessibility requirements, ensuring presentations are shared with captions, allowing different ways for attendees to input.
- **Consider securing EDI (Equality, Diversity, and Inclusion) training for green provider networks**, e.g. Nottingham & Nottinghamshire delivered EDI training through Nottinghamshire Walking Network, and BNSSG ran disability awareness sessions on reasonable adjustments.

Section Two: Supporting and Connecting Referrers and Providers

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Section Two: Supporting and Connecting Referrers and Providers

Building capacity and capability across the Green Social Prescribing workforce

The GSP workforce includes everyone involved in the process of connecting someone to green activities in the community, including referrers like SPLWs, and providers of nature-based interventions. All elements of the green social prescribing journey are key: the 'what matters to you' conversation, the active connection and support to attend, and the delivery of the nature-based intervention.

What we have learnt: referrers

- **It is important to nurture relationships in order to raise awareness and understanding of GSP** and its health benefits and keep GSP at the top of referrers' minds.
- **In the GSP Programme, individual SPLWs with an interest in GSP** were responsible for the majority of referrals to GSP from their organisations, rather than referrals being routinely made across health organisations.
- **Finding advocates at both strategic and operational levels of a health organisation** is crucial to enable changes to systems and operating procedures that may be required for GSP.

Surrey Heartlands delivered training for health practitioners which led to increased referral numbers and a request for Green Health sessions to be embedded within the staff wellbeing offer at Surrey Heartlands ICS.

March 2025 saw the launch of a Red Whale e-learning course, created by GPs in collaboration with Natural England, Intelligent Health, NHS England, Bristol, North Somerset, and South Gloucestershire ICS and the National Academy for Social Prescribing (NASP). The course explains the evidence underpinning the health benefits of connecting patients to nature. It also gives some simple, practical steps showing GPs how they can integrate nature into their everyday practice. Access the free course here (requires users to sign in and create an account).

What we have learnt: providers

- **There is a broad diversity of independent green providers** ranging from sole traders to small charities, to larger national charities and public bodies. Facilities range from small community allotments to large-scale therapeutic gardens, woodlands, and farms. Organisational maturity, policies, and workforce practices vary widely e.g. some organisations rely heavily on a volunteer workforce, while others employ trained practitioners.
- **The majority of providers are currently more equipped to deliver at the early intervention/prevention end of the spectrum**, but some have specialist focuses on more complex mental health needs (see the Three Levels of Nature-Based Activity above). Mental health awareness, mental health first aid and safeguarding training have been welcomed by those delivering at the earlier end of the spectrum.
- **Funding sustainability is a challenge across the sector:** most providers depend on grants and fundraising. Few have stable or long-term incomes, and many operate with informal or limited career pathways.
- **The sector currently lacks workforce diversity** and tends to attract career changers or retirees due to its lack of reliable funding.
- **The sector is not regulated, although national guidance has been developed for the therapeutic horticulture sector** (Green Care Quality Mark; training in social and therapeutic horticulture) and the UK Association for Social and Therapeutic Horticulture sets national standards for Social & Therapeutic Horticulture practice.

Actions to consider:

- **Building and supporting local green networks** increases visibility, peer support, and consistency across the sector.
- **Multi-agency awareness raising and training sessions** can support cross-sector relationship building.

Greater Manchester developed a shared website hosting a range of tools and resources developed locally to upskill the VCFSE sector to deliver GSP.

South Yorkshire and Bassetlaw co-designed and delivered a suite of online training sessions for the GSP workforce during the first year of the programme, when Covid restrictions applied. They commissioned Sheffield and Rotherham Wildlife Trust to deliver this and they worked with Social Prescribing Link Workers to develop and test the resulting sessions. They subsequently delivered in-person, immersive sessions in response to requests from partners. Recordings of their online sessions are available here.

- **Taster Sessions:** Offering potential referrers in-person and immersive sessions in nature appears to increase the likelihood of future referrals.
- **Encourage relevant organisations to embed GSP into their CPD** (continuing professional development) frameworks long-term, for example in induction training, to ensure expertise is not lost when staff move on.
- **It is important to monitor numbers of GSP referrals and embed GSP into supervision processes.** For example, for line managers to address practical barriers like workload pressures and cultural barriers like risk aversion.
- **Map the green offer composition**, how much capacity is available and the levels of need for which each offer is suitable. Work across sectors to understand of the development potential of the local green sector and any support required to expand.

The **Bristol, North Somerset and South Gloucestershire** site is spread across a large and demographically varied geographical area. They engaged with and funded a large number of small, hyper-local community providers to deliver GSP activities, and developed a directory with information on what each project delivers and how to refer to them. Regular networking sessions, both virtual and in-person, have also helped to raise referrals to the different green activities.

Nottingham and Nottinghamshire also developed a suite of resources for both green providers and referrers. They found that providing resources that people could refer to in their day-to-day work was critical to maintaining awareness and increasing referrals, e.g. resources for their Trusted Provider Scheme. Key resources were brought together to form the 'Big Green Book'.

- **Work across sectors to support sustainable investment in green VCFSEs.** Advocate for green sector business development requirements to be considered by local enterprise partnerships and for Local Authority business support programmes to target green providers. Empower the local community to support fundraising and volunteering.

Building trusting partnerships between referrers and providers

What we have learnt:

- **Green providers need support to understand the referral process**, such as who to talk to about referrals and commissioning, who will refer, and likely numbers of people to be referred.
- **Referrers need to understand the provider's referral criteria**, to provide the required information about individuals referred to them. This might include the service user's history, needs and preferences, to help providers to assess whether they are the right organisation to support them.

Nottingham and Nottinghamshire: Trusted Provider Scheme
The Nottinghamshire GreenSpace project regularly brought green providers and Social Prescribing Link Workers together to understand how to improve referrals to green and blue activities. They co-developed a 'Trusted Provider' scheme that provides a menu of choice for participants and referrers, helps ensure appropriate referrals and builds confidence between referrer, provider and participant. The Trusted Providers Flow Chart is available here and the checklist here. For more information about Nottingham and Nottinghamshire's Trusted Green Provider Scheme, please contact: Greenspace@nottinghamcvs.co.uk.

- **Referrers must understand the green provision available in their area**, what each provider offers, its capacity to take referrals, and who it is suitable for.
- **Referrers visiting green providers** with potential clients helps to build relationships between the referrers and providers, as well as increasing clients' confidence to attend.

Greater Manchester: GSP Engagement events
In Greater Manchester, programme co-ordination and networking was shared with five anchor organisations in the local community. They worked together to run a series of public engagement sessions in city centre greenspaces to provide GSP information and short taster sessions, to increase public and professional awareness of GSP and to increase the number of people referred to GSP. A short film from Greater Manchester shows how providers are working together to provide a network of GSP services for local people.

- **Referrers can work with trusted partnerships** e.g. Active Partnerships and Local Nature Partnerships to engage wider groups of providers.

Greater Manchester Lead Provider Model
One of the anchor organisations in Greater Manchester, Lancashire Wildlife Trust, took a co-ordinating role to facilitate relationships between referrers and a wide range of smaller community providers. They acted as conduit for health service referrals into a range of community groups in Philips Park, based on the needs of the person being referred. This results in referrals to the most appropriate services for individuals' needs and reduced the number of relationships green providers and referrers needed to forge and maintain. Their approach is described in this case study and also in this film.

Actions to consider:

- **Cross-sector working:** create opportunities for referrers and green providers to come together regularly to build relationships and understand each other's roles, e.g. through ongoing facilitated practice sharing sessions.
- **Provide practical resources to referrers:** e.g. directories of local green providers and evidence for the benefits of GSP, such as the briefings on GSP and long-term conditions for clinicians and patients here.
- **Offer taster sessions, site visits, and co-location:** SPLWs being able to meet their clients in a safe, attractive outdoor environment has led to significant increases in GSP referrals and collaborative projects.

More support for GSP providers on communicating with referrers can be found in the GSP Practitioner Guidance.

Understanding mental health and local mental health needs

It is important to have a shared understanding between referrers and providers around the levels of mental health need that different GSP activities are suitable for. This will help to ensure that participants are referred to providers who are best placed to work with them.

Most sites had mental health expertise within their GSP teams, either seconded in from the mental health trust (as in Nottingham and Nottinghamshire and Humber and North Yorkshire), or delivered as part of the programme, as in Bristol, North Somerset and South Gloucestershire (BNSSG) and Derby and Derbyshire. These staff helped raise awareness of mental health across the green social prescribing workforce, supported the workforce and helped forge relationships and identify opportunities within the mental health pathway to embed GSP.

In Humber and North Yorkshire, 'Clinical Cohort Criteria', clear descriptors of mental health need and suitability of services, were developed by a psychologist from the Mental Health Trust. This has provided guidance to referrers about who to refer to GSP and has reassured green providers that they will not be asked to work with people in crisis.

In Nottinghamshire and Derbyshire, categories of GSP activity according to need were co-designed with mental health practitioners, SPLWs/referrers and green providers. See examples from Nottinghamshire and Derbyshire. This short film describes how the mental health levels were developed in Nottinghamshire and their importance in the programme. Nottinghamshire's 5 Mental Health Levels are gaining traction nationally, having been embedded in the Therapeutic Horticulture Stakeholder Group's 'Aligning therapeutic gardening approaches to five levels of mental health and wellbeing' paper and the GSP Practitioner Guidance.

Actions to consider:

- **As a local system, agree on a shared definition** of mental ill-health and **clear descriptors of need** ('levels') to guides when and how to offer GSP. In the GSP Programme, involvement of providers and referrers in co-developing these levels strengthened the sense of shared responsibility, shared risk management, and relationships going forward.
- **Identify the level of support that local green providers can provide** against your levels of mental health need. This reduces the likelihood of inappropriate referrals and pressure on green providers to work with higher levels of need than they are able or supported to. This also helps with understanding supply and demand and gaps in local services, and planning future scaling up of provision.
- **Foster close working relationships between mental health services and green activity providers** to ensure appropriate levels of support and supervision. This might look like peer supervision with SPLWs and other providers, regular forums for providers to discuss case work with experienced mental health practitioners, as well as formal clinical supervision. This close working often requires time and sensitive engagement.
- **Ensure providers have appropriate mental health training to support their work, including mental health and safeguarding training.**

Section Three: Scaling and Embedding Green Social Prescribing

Contents

Section 3: Scaling and Embedding Green Social Prescribing

Capturing evidence to support Green Social Prescribing

The GSP Programme produced evidence on the benefits of nature-based interventions to patients, and the cost-effectiveness and economic value of the GSP offer. As well as measurable health improvements for participants, commissioners are interested in evidence on the impact on the use of health services, the cost of care packages, and savings made compared with more traditional mental health interventions like talking therapies. This section outlines the challenges and learnings around collecting this evidence in a way that works in the context of NBIs.

What we have learnt: challenges in evidence collection and use

- It can be complicated to gather data on an individual's journey throughout the stages of GSP, due to the involvement of multiple organisations with different data collection processes. If a SPLW makes the referral, then a green provider monitors the effectiveness of the intervention, there are often difficulties around data sharing, consistency and the format of data recorded by different agencies.
- Both provider staff and SPLWs need time and flexibility to embed evaluation practices into day-to-day work.
- The health sector requires robust, clinical data, while nature-based interventions are personalised, experience-led and non-clinical. Some green providers find that carrying out paper-based evaluations and asking questions about mental health and wellbeing can undermine the benefits of nature connection.
- As GSP activities are diverse and support people with a wide range of needs, there is no standardised set of measures for capturing data. Opinions vary on which tools best measure health impact depending on the community, and many providers face barriers due to limited confidence or skills in using them. This leads to inconsistencies in the quality and reliability of the data collected.

Humber and North Yorkshire commissioned an academic institution to develop an evaluation process for a cohort of people waiting for mental health services support, and to collect and analyse the data. However, the academic language used in the consent form to take part in the evaluation proved to be a barrier to recruitment. Despite attempts to reframe the information, Social Prescribing Link Workers found it difficult to explain the purpose and responsibilities involved in taking part in the evaluation, and many found it difficult to build the recruitment process into their general conversations with people. This reinforces the learning that successful data collection and evaluation need to form a natural part of the intervention.

Humber and North Yorkshire also found that standard measures like ONS4 did not work for some communities. They worked with a small group of community providers from ethnic minority backgrounds to co-design a set of suitable and culturally appropriate outcomes measures that capture the impact of GSP for their communities.

Actions to consider:

- **Invest in training** (where necessary) to support SPLWs and green providers to capture data in a consistent way.

Nottingham and Nottinghamshire funded an Outcomes Star license and training for a Social Prescribing Team and are gathering data on its efficacy, with initial feedback that the tool is appropriate and useful for measuring GSP outcomes. This is because it captures and analyses both qualitative and quantitative data, and participant find it useful for tracking their progress. In contrast, GreenSpace received repeated feedback that ONS4 was triggering for participants.

GreenSpace are working with the ICB to embed the Outcomes Star into Social Prescribing Teams, and to explore best practice guidance for the VCFSE provider sector, which currently has little consistency due to funders requiring different data points. They are looking at developing a standard to recommend for providers with similar principles to the Outcomes Star to capture a person's journey in a way that is meaningful to them.

South Yorkshire and Bassetlaw ran an evaluation workshop for referrers and providers to explore levels of understanding and experience in using outcomes measures, supported by national evaluation partners. They wanted to build capacity at a rate that was comfortable for their providers. Their workshop materials are available to view here.

- **Work together across sectors to change the culture and narrative around evaluation,** promoting practical and meaningful data collection over tick-box exercises.
- **It is important to design evaluation at the same time as designing delivery**, to ensure alignment with the aims and objectives of the project.
- **Promote diverse forms of evidence** including qualitative evidence, e.g. case studies, testimonials, films, infographics and photo diaries. Telling compelling impact stories is key to engaging stakeholders in the system.

Humber and North Yorkshire & BNSSG started every board meeting with a GSP case study, to bring the impact to life, and to demonstrate the power of qualitative evaluation methods to commissioners alongside quantitative data.

- **Co-develop evaluation goals, outcome measures and tools** between providers and the health sector, to reflect shared goals and build capacity within the sector rather than imposing rigid frameworks. Prioritise measurement tools that are practical, free, and acceptable for participants, and avoid overburdening providers with overly complex data requirements.

Bristol, North Somerset and South Gloucestershire worked with green providers to co-design a standardised dataset. To maximise the potential for success, they agreed to collect a common set of outcome measures, including participant demographic data, referral source, and two domains of the ONS4 measure to collect pre and post activity information about mental health and wellbeing, with a follow-up question establishing whether the intervention was the cause of improvement. See the questions used here. They also agreed to focus on creating strong impact stories. All providers were contracted to provide the agreed data and quarterly case studies.

BNSSG has also been working to access NHS data from the digital platform Elemental to measure Green Social Prescribing referrals. Issues around information governance meant they have had to agree data-sharing agreements with each Primary Care Network.

Supporting national strategy and local priorities

Green social prescribing supports a range of policy objectives across health, environmental and other sectors. As it has multifaceted benefits, it can be applied in multiple different pathways to help ICSs meet their core responsibilities and local system priorities. (Further information about the core responsibilities of Integrated Care Systems can be found here.)

Demonstrating the fit with national policy and regional priorities will help ICSs to see where GSP might fit locally, to make the case to sustain existing schemes, and inform the focus of new schemes.

What we have learnt

- GSP is relevant across multiple policy areas (e.g. health, environment, employment, economic growth, active travel) so a cross-sector approach is key to embedding it.
- Social prescribing and green social prescribing (GSP) can support Integrated Care Systems (ICSs) to meet their core objectives to:
  - improve population health and care,
  - reduce health inequalities,
  - enhance productivity and value for money,
  - help the NHS support wider social and economic development,
  - Support NHS Green Plans and net zero targets (more information about Greener NHS can be found here).

Further information about how green social prescribing can contribute to ICS core objectives is available here.

- Successful Social Prescribing frames nature-based interventions as part of a holistic community offer in response to what matters to the individual, so integrates GSP with other sectors such as physical activity, arts and heritage.

Bristol, North Somerset and South Gloucestershire proactively contributed to key health system strategies to ensure that Green Social Prescribing was embedded. This was supported by having their GSP project leadership situated in the health system. As a result, GSP is embedded in the ICS Green Plan, with an outcome to measure reductions in anti-depressant prescribing for those supported by Green Social Prescribing. The ICS Mental Health & Wellbeing Strategy highlights GSP as the best intervention in terms of cost benefit (page 10), and the North Somerset Health and Wellbeing Strategy has a section on GSP.

Nottingham and Nottinghamshire have linked GSP to the Nottingham City Eating and Moving for Good Health Strategy. Because of Nottingham CVS's established GSP work, long-standing relationships with the City Council, and close links through Travel Well, they were offered underspend funding to support this. Historically, there had been more investment in the physical-activity element of the Eating & Moving for Good Health Strategy, and less in the "eating" element, which has strong connections to GSP Plot to Plate work and nature-based food projects. Alongside this, they are exploring joint work under the Crisis Resilience Fund, to support the expansion of Plot to Plate initiatives – moving beyond the traditional food-bank model towards dignified, nutritious, low-waste, and community-grown food access.

Greater Manchester successfully integrated Green Health principles within core Greater Manchester strategies, including the Greater Manchester Strategy, the Greater Manchester ICS Green Plan, and as a central component of GM Live Well plans. GM Live Well is a partnership between the NHS, Mayoral Authority, Local Authorities and the VCFSE sector, around shifting healthcare from acute settings into the community. By positioning GSP alongside Live Well community spaces and the Communities Fund, they have integrated nature within a wider prevention model.

The Greater Manchester GSP team made these links into different policy areas through long-term participation in local forums, as part of the ICS partnership model. For example, the NHS GSP and sustainability teams are key members of Greater Manchester's Natural Capital Group (Local Nature Partnership). By hardwiring GSP objectives directly into the Natural Capital Group delivery plan, they created accountability and synergies between the health and environmental sectors.

Actions to consider:

- Align health and environmental policy to prioritise the key elements needed for a successful GSP programme, for example, protecting/increasing green spaces and ensuring equitable access to nature.
- Adopt a cross-sector approach to highlight how GSP meets different departmental objectives, as outcomes and cost savings may occur in different parts of the system, not always where the intervention takes place.

Embedding Green Social Prescribing in health and social care

There is evidence that GSP can be offered across a wide range of client groups and pathways to support improved health and wellbeing. Local priorities will determine the pathways where GSP might be offered and how people might be referred to GSP. Embedding GSP requires a commitment to test and adopt a whole-systems approach. Clear and agreed information-sharing and protocols between referrers and providers are important for this.

What we have learnt

- **The strength of relationships between referring organisations and providers underpin how successfully GSP will be embedded in a referral pathway.**
- **It is important to create access to a spectrum of offers across the 3 levels of nature-based provision** (see Introduction). This enables people with complex health and social needs to 'step down' from structured green social prescribing interventions and find ways to build nature-based opportunities into their daily lives, which helps to prevent blockages in the system.
- **Embedding GSP requires cultural buy-in** and alignment with an organisation's values and vision. Operational managers in the health system play a critical role in enabling adoption by:
  - Being clear about the changes required to routinely offer GSP
  - Modelling ways to discuss GSP with patients and to address questions or concerns raised
  - Enabling healthcare staff to engage in immersive GSP or awareness raising sessions
  - Talking about green social prescribing referral figures and barriers to referral routinely in team meetings and supervision sessions
  - Removing barriers to making referrals to GSP, such as workload pressures, or trouble-shooting practical issues like transport and access to local provision.

In **Greater Manchester,** the test and learn phase led to strong working relationships between their green provider network and mental health trusts. In the extension phase, they established a partnership with Pennine Care's Early Intervention Teams (EITs) to provide a bespoke GSP pathway for individuals with Serious Mental Illness (SMI).

- Delivery partners physically embedded themselves within local EITs to manage operations on the ground, whilst regional alignment was managed centrally to ensure backing from senior managers.

- Pathways were highly sensitive to NHS staffing issues and turnover: when new clinical staff take over, delivery partners have to rebuild relationships from scratch to secure their buy-in. The success of the referral pipeline hinged on having clinical advocates who genuinely believe in the programme's outcomes; they saw clear variations in referral success across different locality teams depending on the level of active staff advocacy.

- To lower the stakes for anxious patients, they used a 'warm handover' or staggered integration process. EIT members first introduce the optional activity. If a patient is hesitant, a 1-to-1 chat is arranged with a GSP delivery lead to demystify the experience. The patient then visits the physical site to see the environment without the pressure of an activity, before finally attending a "new starters" group session to ease them into the main programme.

Nottingham and Nottinghamshire embedded the GSP project within Nottinghamshire ICS's Mental Health Transformation Programme. This short film explains how GSP was integrated into both the social prescribing system and secondary care mental health services.

Nottingham and Nottinghamshire found that green providers were developing separate induction processes specifically for Social Prescribing referrals to offer preparatory support, as these individuals are often not ready to join providers' regular activities. This additional work is meaningful but resource-intensive, demonstrating the need for investment in community-based provision when creating referral pathways from health services.

Nottingham and Nottinghamshire ICS also ran a pilot that made social prescribing available to A&E patients to address the wider social, practical and emotional issues that impact their health and wellbeing, as part of an initiative to reduce increased A&E attendances during the winter period. There is potential to link GSP to other priority pathways, like Frailty and Falls Prevention pathways.

Similarly, **Bristol, North Somerset and South Gloucestershire** has tested the impact of GSP referrals on a small cohort of frequent callers to 999 and 111, which demonstrated an average decrease from 252 to 61 calls in a 3-month period, and significant cost savings to the NHS.

In **BNSSG**, GSP has been embedded in PCN referral pathways, Mental Health Neighbourhood Teams, and all Recovery teams in Bristol now have their own allotments. BNSSG also offered GSP in its peri-natal pathway to support women during pregnancy and postnatally.

Humber and North Yorkshire included a referral pathway offering nature-based interventions to cardiac patients.

Actions to consider:

- Ensure involvement of different roles and levels of responsibility within Integrated Care Systems (e.g. strategic leaders, commissioners, operational managers, practitioners). Leadership at all leaders is required in referring organisations to drive changes to practice, systems, and culture, and to advocate for resources and investment to support GSP.
  - Treat GSP implementation as a change programme, rather than a sum of projects. It requires strategic accountability for changes across operating systems.
  - Offer proportionate quality assurance information, e.g. Nottingham CVS's Trusted Provider Scheme checklist.
  - Hold organisational accountability for how GSP is implemented, e.g. securing investment and resources required, and embedding GSP awareness-raising into induction training, Continuing Professional Development frameworks and organisational supervision.
  - Identify a Senior Responsible Officer in the ICS to champion and drive the programme. E.g. in BNSSG, the Senior Responsible Officer of the GSP Project was the Chief Operating Officer of the Avon and Wiltshire Mental Health Partnership NHS Trust.
  - Mandate new operating procedures and clarify these changes in guidance, e.g. ensuring GSP is routinely offered alongside other wellbeing interventions and is presented as part of a support menu by Primary Care services.
  - Identify champions across partners and with different roles and levels of responsibility.
  - Provide information about the benefits of GSP for different client groups, and practical resources like directories that describe local green provision and the level of need providers are equipped to meet.

Nottinghamshire ICS is adopting the Open Referral UK data standard, which provides a consistent way to publish and describe community services. Nottingham GreenSpace's Big Green Book directory will feed into this dataset. This means GSP providers will only need to add their information once, and it will be automatically shared across all other directories that use the Open Referral UK standard, including those covering wider or cross-boundary areas.

- Outline how 'inappropriate' referrals are managed and how additional support for someone may be found if their needs change after they start attending GSP activities.
- Encouraging referrals from a range of different sources allows greater reach and engagement in GSP. Working with community leaders and grassroots community organisations means that people who would not usually use primary care services, such as refugees, can still benefit from GSP. See Nottinghamshire's GSP user journey map here.

Greater Manchester and **Surrey Heartlands** developed referral diagrams for GSP, which can be viewed here and here respectively.

Commissioning

For the purposes of this toolkit, we have used the following definition of commissioning from NHS England: “Commissioning is the continual process of planning, agreeing and monitoring services.”

Information about NHS commissioning processes can be found here. At the time of writing, commissioning arrangements within ICSsare still being agreed and it is not yet clear which services will be commissioned locally at a place-based level and which will be commissioned for wider areas. This section includes information for commissioners around the challenges green providers face in engaging in commissioning processes, and what we have learnt helps enable engagement, such as place-based provider collaboratives.

What we have learnt

- VCFSE providers do not always have access to information on how commissioning works in the NHS and Local Authorities, what commissioners might be looking for when they contract with a green provider, and the features of being ‘commissioning-ready’. language in public sector commissioning is specialised and can be unfamiliar for providers.
- It can be unclear where to find information about services needed locally, the likely demand for those services and the plans to commission them, or where commissioning opportunities are advertised.
- Many providers lack capacity to research opportunities, experience writing tenders, and access to relevant guidance to support tender applications.
- Smaller providers are often unable to scale up staffing to accommodate people using individual budgets (such as Personal Health Budgets in health or Direct Payments in social care). This is also the case for scaling up ahead of contracting for funding and managing the uncertainty and variability of demand.
- Providers are keen to work together to deliver services and to test collaborative delivery models, which are easier to commission. They have found that working together allows greater geographical coverage and/or provision of a greater range of activities or specialist skills to work with people who might require additional support to use GSP services.
- Provider collaboratives can help ICSs to ensure they are engaging with and providing opportunities to smaller organisations.
- Larger VCFSE sector organisations may be willing to work collaboratively with other green providers to pilot collaborative models, and VCFSE infrastructure organisations may be able to support provider collaboratives and assist ICSs to commission them. There is also a role for trusted partners such as Active Partnerships and Local Nature Partnerships in supporting green providers to this end.

In **Nottingham** and **Nottinghamshire**, Nottingham Community Voluntary Services acted as an umbrella body to support the visibility of green providers. Green providers worked collaboratively to deliver a range of GSP activities, suitable for people with different mental health needs. By acting as the conduit for green providers to the ICS, Nottingham CVS supports the aims of the Community Mental Health Transformation Programme in Nottingham.

In **Greater Manchester**, Salford CVS developed a devolved commissioning model and provided small place-based budgets to their social prescribing teams to commission local community activities on behalf of the people that they work with. Sow the City, another of the GSP anchor organisations commissioned in Greater Manchester piloted a 'payment by referral model', whereby providers received a fee for delivering green activities for individuals referred. Whilst these examples enable more choice for people who might be referred to GSP activities, providers experience challenges in responding to these sorts of models, if core costs are not provided alongside per capita cost or payment by referral fees.

Also in **Greater Manchester**, Northern Roots secured a £95k commission from the Health and Social Care Integration Pooled Fund, by leveraging their strong local political networks to secure an invitation to pitch directly to the Oldham Integrated Care Board. The presentation was delivered jointly by the CEO of Northern Roots, their delivery lead, and the GSP project manager (providing system-level context and alignment with GM-wide strategy). The pitch succeeded because it blended hard economic and health data with patient case studies, quotes, and photos to make the data tangible – all these things came as a result of Northern Roots' involved in the GSP Programme and was supplemented with data from their previous programme experience.

In **Derby and Derbyshire**, place-based provider collaboratives were tested to provide more service choice and greater scope for smaller green providers to be commissioned by working together. Collectively, they were able to offer a wider range of activities, specialisms and geographical coverage. Commissioners accessed all of the services offered through the collaborative rather than having to forge relationships with a large number or organisations.

Actions to consider: commissioners

- Ensure that information about local needs and commissioning intentions is clear and available to green providers.
- Offer different ways to invest in community provision and to consider the role of commissioning within place-based 'shared investment models'.
  (see Sustaining Investment in green activity providers.)
- Consider engaging green provider collaboratives and linking these to VCFSE Alliances in ICSs.
- Work towards proportionate commissioning and procurement processes that offer the opportunity for smaller providers to apply. For example, breaking down a larger contract into smaller "lots", e.g. smaller geographical areas, or specific packages of work, so that more providers have an opportunity to apply, either individually or by working together to deliver several lots.

Actions to consider: providers

- Small local organisations with low capacity for commissioning should consider engaging with collaboratives with other providers. Larger organisations can offer support to smaller organisations on how to develop offers, systems and reporting processes.
- Providers that want to become 'commissioning ready' should ensure that they have the right policies and assurances in place. See the GSP Practitioner Guidance for more information.

Sustaining investment in green activity providers

What we have learnt

- Unpredictable funding is a significant barrier for making GSP services available to everyone that needs them.
  - Many green activity providers rely on short-term, piecemeal funding. This restricts their ability to maintain services and to expand where there is demand.
  - Funding and investment are often available for new projects, but it can be more challenging to get funding to continue with existing interventions.
  - Health and social care referrers (e.g., SPLWs) are hesitant to refer clients to services that may soon be discontinued due to funding limitations.
  - The delivery and continuation of good quality, consistently available VCFSE services in the community depends upon predictable and sustainable investment.
- Ongoing operational costs are often overlooked.
  - Funding typically covers only direct delivery time, leaving out essential 'unseen' activities like data collection, training, risk assessments, safeguarding training, supervision, or greenspace site maintenance.
  - Small providers may lack capacity to engage in essential system-building work without dedicated resources.
- Scaling services through Personal Health Budgets or Direct Payments is challenging.
  - The amount of money available in an individual's personal health budget or direct payment may not cover the costs of recruiting, training and employing the additional staff required and the indirect costs of running the activity.
  - Providers often need a threshold of participants to justify investment in staff or infrastructure, E.g. If 3 additional people were to attend, the income generated might more easily cover costs involved in recruiting an additional member of staff.
- Low or no-cost expectations limit financial sustainability.
  - Referrers are often obliged to connect people to 'low to no cost' activities to ensure that the people that they work with can access them. This reduces the opportunity for green providers to operate a sliding fee scale model. In some instances, it has prevented referrers from discussing activities which are not led by community volunteers and social enterprise models.
  - Payment for sessions, even a small amount, can mean participants value activities more highly and have higher attendance.
- Providers prefer the term 'investment' to 'seeking funding'. Investment suggests a greater sense of value and that this is a shared responsibility.
- There are opportunities to jointly invest in GSP across health, social care and environment sectors through 'shared investment fund' models.

Greater Manchester

- Some VCFSE sector providers have mixed business models, which combine grant funding, public sector commissioned work and commercial income generation. For example, Sow the City in Greater Manchester combines short term grant funding with commissioned work from health and social care, donations and income generated by delivering training.
- The Greater Manchester Mayoral Environment Fund (now called the Green Spaces Fund) embedded health and environmental outcomes in their funding criteria from day one, which has enabled the integrated delivery of GSP. The GSP team sits on the scoring panel, which allows them to steer the quality of proposals and feedback on future iterations. The fund is exploring closer alignment with the Live Well Communities Fund.
- The five VCFSE sector anchor organisations working together in Greater Manchester secured direct funding from NHS Greater Manchester to support the continuation of GSP.

South Yorkshire

The South Yorkshire site was able to combine significant funds from their ICS Health inequalities budget with the national GSP grant and philanthropic funds like the Sport England Together Fund, to commission a range of green activities across their five places.

Actions to consider:

- The ICS model should bring together local partners from the statutory and voluntary sector to jointly plan and commission services that meet the needs of local people, and find ways to share the responsibility and risk of funding community activities across all partners within an Integrated Care System.
- Consult on and consider the appropriateness of ‘mixed economy models’, which combine a mix of provision that is free at the point of access and provision that is subsidised according to ability to pay.
    - For example, investment may allow everyone to receive 6 sessions, then those within certain income brackets might be asked to contribute towards the costs of the activity.
- Ensure processes to access investment are clear, easy to use and proportionate to the amount of investment available. Allow sufficient time for providers with less capacity or experience to apply, or to build alliances with other providers so that they can apply jointly.

- Sometimes local branches of national organisations that deliver or host green social prescribing activities (e.g. the Wildlife Trusts, Forestry England, the RSPB and The Woodland Trust) are able to bring wider funding to provide a co-ordinating or umbrella function that is supportive of smaller providers, rather than competing for funds to deliver their work in a place.
- Place-based shared investment funds (brought together under the umbrella of the ICS) Could bring together:
  - opportunities for statutory partners to 'commission' community activities
  - grant schemes available to support environmental recovery and greenspace access (previous examples included Levelling Up Parks Fund and The Future Parks Accelerator)
  - community, health and social care focused grant funding schemes
  - philanthropic and social investment, by developing strategic partnerships with local and national trusts and businesses, within a place.

Case study: shared investment in Bristol, North Somerset and South Gloucestershire

BNSSG have successfully delivered some working examples of shared investment. They began in phase 1 by asking organisations represented in the GSP Board if they would match investment in GSP. This resulted in direct investment in the grant programme as well as three rounds of place-based funding to support localised GSP offers, from sources including the ICS Mental Health Transformation Budget, ICS Maternity Programme, Sport England Together Fund (via the Active Partnership), Ageing Well funding, and public health funding. Between 2021 and 2023, match investment was around £900,000, which enabled a strong bank of quantitative and qualitative evidence of the impact of GSP across BNSSG.

BNSSG then allocated £140,000 of their extension phase funding to draw in more investment from partners. They co-developed five different funds (e.g. a North Somerset Children & Young People's Wellbeing Fund) with over £1,000,000 in match investment for community programmes. As part of this, they were leading partners in the development of two broader grant programmes which pooled funding to be distributed via one contractual mechanism in the form of a VCFSE Brokerage model that is now operating across BNSSG. They are looking to gain further senior support by building shared investment into the BNSSG Healthier Together 2040 plan.

Key enablers for success were:

- All partners identifying common outcomes, making a cash commitment, and sharing workload to build team spirit and trust.
- Strong qualitative and quantitative evidence to demonstrate a product that delivers funders' outcomes.

- The attraction for small funders (e.g. who can only contribute £10,000-£20,000) that by joining with a larger fund they get a disproportionate say into larger investment.

- Having two members of the GSP team working within the ICS provided early access to forums that shape investment opportunities and the long-term relationships to make the shared investment arrangements happen.

- NASP's parallel national work around shared investment provided assurance for system leaders that this was also being developed by other systems, a peer group to share thinking and models with, and the lever of future national match funding – with a view to becoming one of the early adopters of a national Community Health and Wellbeing fund.

Key barriers were:

- Pooling all funds in one place required high levels of governance, with numerous internal processes and financial governance rules across different public sector funders. Getting agreement to pool funding often required sign-off by Boards/Forums that might only meet every few months and required explanation of the whole background of the shared investment, taking significant officer resource.

- Despite the Integrated Care System model, most organisations did not want to give up credit or control. This was a particular barrier to joining public sector and grant funder sector resources. They addressed this in part by taking decisions through system-wide boards and ensuring all contributing partners had a representative of their interests on the grant panel.

Glossary and Acronym buster

Biodiversity	The variety of life forms on earth, including ecosystems, species, and genes. In the context of GSP, biodiversity is an important consideration when connecting people to diverse natural environments to promote health and ecological sustainability.
Blue infrastructure	Includes canals, rivers, streams, ponds, lakes and their borders as well as features of the coastline that provide people with access to the coast. Social prescribing to activities in blue infrastructure is included under the umbrella term 'green social prescribing'.
BNSSG	Bristol, North Somerset, and South Gloucester.
Co-design	Active and meaningful participation in the design process by stakeholders.
Co-production	A collaborative approach where service users, communities, and professionals work together to design and deliver services. While co-design refers to the design phase, co-production encompasses the entire lifecycle of a project, In GSP, co-production ensures that people with lived experience are actively involved in shaping nature-based health programmes.
Commissioning	Commissioning is the continual process of planning, agreeing and monitoring services. Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment (from NHS England site).
CVS	Council for Voluntary Services.
GM	Greater Manchester.
Green Care	Using nature and outdoor activities in therapeutic interventions. Sometimes used interchangeably with "Nature-Based Therapies" to refer to the third level of nature-based interventions.
Green Infrastructure (GI)	A network of multi-functional green space, urban and rural, which is capable of delivering a wide range of environmental and quality of life benefits for local communities, such as air purification, flood management, and recreation. This includes parks, playing fields, woodlands, wetlands, street trees, rights of way, allotments, canal towpaths, green walls and roofs. In the context of GSP, green infrastructure enables access to nature-based health benefits.
Health inequalities	Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.
HNY	Humber and North Yorkshire.
Integrated Care Systems	ICSs are partnerships between various organisations that meet health and care needs across an area. They coordinate services and plan in a way that improves population health and reduces inequalities between different groups. Since 2018, they have been deepening the relationship in many areas between the NHS, local councils and other important strategic partners including in the voluntary, community and social enterprise sector. From April 2021 all parts of England were served by an ICS.
Long Term Conditions (LTCs)	Physical or mental health conditions that last a year or more, require ongoing care, and limiting daily activities. Examples include diabetes, heart disease, and asthma. LTCs cannot usually be cured but can often be managed with the right support.

Mental ill health	The Green Social Prescribing Programme definition of mental ill-health ranges from symptoms of depression or anxiety due to circumstances, e.g. loneliness or debt, to mild to moderate diagnosed mental health need, such as depression and anxiety, through to severe and enduring mental health conditions. Social prescribing offers non-clinical, community solutions to tackle and prevent mental ill-health. It does not aim to provide clinical support to anyone experiencing acute mental illness.
Nature access	The ability of individuals or communities to physically get to and enter natural spaces, such as parks, forests, beaches, or green areas. Nature access emphasises the availability, proximity, and physical ease of entry and navigation to these spaces for people of all abilities and backgrounds.
Nature-Based Interventions (NBIs)	Health interventions that involve engagement with natural environments. These could include hiking, forest bathing, gardening, wildlife watching, or conservation work. Nature-Based Interventions are the activities referred to in green social prescribing.
Nature Connection	The emotional, psychological, and spiritual bond or relationship that an individual feels with nature. Nature connection is more than access or engagement; it is the sense of belonging or oneness with the natural world.
Nature-based solutions	Approaches that use natural processes and ecosystems to address environmental, social, and health challenges. In GSP, NBS might include activities that promote mental and physical health through nature, such as creating green spaces or restoring habitats for better air quality and biodiversity.
SPLW	Social Prescribing Link Worker: Social Prescribing Link Workers are employed in non-clinical roles working in partnership with GP practices and other referral agencies. They enable people to have more control over their lives by connecting people to community groups and helping the person to develop skills, friendships and resilience. Social Prescribing Link Workers help to reduce health inequalities by supporting people to unpick complex issues affecting their wellbeing.
Stakeholders	A person or group with interest or concern in, or who might be impacted by the service or activity.
Tenders	The formal written application for a contract to supply a service.
Theory of Change	A Theory of Change is a diagram that explains how a programme has an impact on its beneficiaries. It outlines all the things that a programme does for of its beneficiaries, the ultimate impact that it aims to have on them, and all the separate outcomes that lead or contribute to that impact (Nesta).
Personalised Care	Personalised care means people have choice and control over the way their care is planned and delivered. It is based on ‘what matters’ to people and their individual strengths and needs.
VCFSE	Voluntary, Community, Faith, and Social Enterprise.
Wellbeing	“Mental wellbeing doesn’t have one set meaning. We might use it to talk about how we feel, how well we are coping with daily life or what feels possible at the moment. Good mental wellbeing doesn’t mean you’re always happy or unaffected by your experiences. But poor mental wellbeing can make it more difficult to cope with daily life”. (Mind website, accessed April 2021).

Further Resources

Other products from the cross-Government GSP Programme

Green Social Prescribing Programme Phase 1 Evaluation

Exploring perceptions of green social prescribing among clinicians and the public - DHSC

National green social prescribing delivery capacity assessment - DHSC

Green Social Prescribing Practice Report

Green Social Prescribing Advocacy Pack

The Role of Nature-Based Interventions in Supporting Long-Term Conditions through Green Social Prescribing: A Systematic Review

Green Social Prescribing Process Journey Collection

NASP GSP Practitioner Guide

GSP Programme Local Evaluation Reports:

Nottingham and Nottinghamshire: GSP Programme phase 1 evaluation

Nottingham and Nottinghamshire: GSP Programme phase 2 evaluation

Bristol, North Somerset and South Gloucestershire: GSP Programme phase 1 evaluation

Humber and North Yorkshire: GSP Programme phase 1 evaluation

Surrey Heartlands: GSP Programme phase 1 evaluation

Derbyshire: GSP Programme phase 1 evaluation

Greater Manchester: GSP Programme 2021-2025 evaluation

Greater Manchester: GSP Programme 2021-2025 evaluation summary

South Yorkshire: GSP Programme phase 1 evaluation

South Yorkshire: GSP Programme phase 2 evaluation

More resource for GSP delivery

NASP Green Social Prescribing Innovation Community

Healthy Outdoors: A guide for measuring health outcomes when evaluating outdoor interventions - NECR725

Resource library | Sustainable Healthcare Networks Hub

NASP Nature Buddies Toolkit

More Evidence

NASP Social Prescribing evidence summaries

Nature, green spaces, and blue health - Interdisciplinary research - European Centre for Environment and Human Health | ECEHH

Nature on Prescription Handbook - European Centre for Environment and Human Health

Social Biobehavioural Research Group at University College London

Natural England briefing (2022) - Links between natural environments and mental health - EIN065

Natural England (2024) - narrative review of reviews of nature exposure and human health and well-being in the UK

Physical Activity

Sport England: Uniting the Movement

Sport England: The Benefits of Physical Activity and Physical Activity and Mental Health Impact

Active Partnerships Network

The role of Active Partnerships in Green Social Prescribing

Safe and effective practice for sport and mental health | Mind

Creative Health

National Centre for Creative Health

Creative Health | Arts Council England

National Green Sector Organisations

Thrive

Social Farms and Gardens

RHS: Mental health and wellbeing

Wildlife Trusts: Nature for health and wellbeing

Green Care Coalition

National Gardens Scheme

National Trust: Walking in nature for wellbeing

Woodland Trust: Woods for Health and Wellbeing

Forestry England: Forests for wellbeing

RSPB: Nature Prescriptions

Centre for Sustainable Healthcare

Natural England

Local Nature Partnerships: key contacts - GOV.UK

Nature Connection

Finding Nature: nature connection research blog, Dr Miles Richardson, University of Derbyshire Nature Connection Handbook

Greenspaces

Find your local park - GOV.UK

Health In Parks — Future Parks Accelerator

Natural England: Green Infrastructure Framework

Sensory Trust: Accessible greenspace guides

The Wildlife Trusts: Accessible nature reserve

National Trust: Top wheelchair and pushchair-friendly walks

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About this Toolkit

The first edition of the Green Social Prescribing Toolkit was written by Sam Alford, Green Social Prescribing Programme Senior Manager 2021-23. This edition was edited and updated by Molly Aldam, National Lead for the Natural Environment at the National Academy for Social Prescribing.

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